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## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

792 Oak Street	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate
Filing Fee & Certificate of Status  FROM: Joanne Semmer Name (Primare 192 Oak Street	Filing Fee, & Certified Copy Certified Copy & Certificate
Name (Pri 792 Oak Street Ac	ADDITIONAL CODUDED INDED
Name (Pri 792 Oak Street Ac	ADDITIONAL COPY REQUIRED
Ac	inted or typed)
	ddress
Fort Myers Beach	h, F1 33931 State & Zip
•	State & Zip
(239) 463-9326  Daytime Tel	lephone number
jj37a@yahoo.com	

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

	pration shall be: SOUTHWEST FLORIDA E		L, INC.
ARTICLE II P.	RINCIPAL OFFICE Joanne E. Sem Principal <u>street</u> address 792 Oak Street	mer	Mailing address, if different is:
	Fort Myers Beach, Fl 33931		
	PURPOSE		
promote, enha commerce, tra	nce and facilitate the develor vel and trade. It also seeks t d professionalfirms thereby in	ment of South to enhance the	e economic growth of member
ARTICLE IV	MANNER OF ELECTION The manner in	which the directors a	re elected and appointed:
Appointed	THE ALL AND THE PARTY OF THE PA	no.	
	<pre>INITIAL OFFICERS AND/OR DIRECTO : Joanne E. Semmer Chairman 792 Oak Street</pre>	Name and Title:	
	Fort Myers Beach, F1 33931		
Name and Title:_ Address:		Name and Title: Address:	<u> </u>
Address: _ - -	:	Name and Title: Address:	SSEY J
	LEGISTERED AGENT	_ <del>_</del>	FLORIT C
The name and Florid	la street address (P.O. Box NOT acceptable) of		نہروس
Name: Address:	Joanne E. Semmer 792 Oak Street Fort Myers Beach, F1 33931	<b>-</b> -	
ARTICLE VII I	NCORPORATOR	<b>-</b>	
Name:	ss of the Incorporator is:  Joanne E. Semmer	_	•
Address:	792 Oak Street Fort Myers Beach, F1 33931	 	
	as registered agent to accept service of proce liar with and accept the appointment as register		ted corporation at the place designated in this o act in this capacity
	renue E. Semr	ner	3/2/11
(/.	Required Signature of Registered Agent		Date
	nt and affirm that the facts stated herein are to State constitutes a third degree felony as provid		any false information submitted in a document F.S.
	Required Signature of Incorporator	rer_	